

POLICY

All medications must be stored in locked containers or secured in locked areas accessible only to authorized staff and designated for medication storage. All over-the-counter and prescription medications must be stored in a secure, locked storage area that is inaccessible to any youth unless accompanied by a designated staff member. The area must be clean, organized and free from temperature extremes, direct sunlight, and moisture.

A limited supply of over-the-counter medications designated for youth only and approved by the facility director and facility physician may be stored in a locked container controlled by shift management. These medications may not be stored on the living unit.

All controlled substances must be stored in a medication storage area separate from that used for other prescription medications.

Keys for medication containers must be maintained in the physical possession of the staff on the shift designated to dispense medication. No one else must be able to access the keys. Designated medication staff must be in one of the position classifications in this policy:

- Program manager (youth residential director).
- Shift supervisor (youth specialist supervisor).
- Youth group leader.
- Social worker.
- Youth specialist.
- Youth aide.
- Contracted medical staff including nurses, medical and pharmacy technicians.

Private agencies may determine their own designated medication staff.

Staff members designated to dispense medications must only transfer medication key custody to another designated staff and only via hand-to-hand transfer.

Staff may never remove medication keys from the facility. If circumstances require the designated staff with key custody to leave the facility during the shift, the keys may be temporarily transferred to another staff on shift with transfer documented in a

facility key log. Key transfer must occur again when the original staff returns or the next scheduled designated staff arrives.

When the original designated staff does not return prior to the end of the shift, a medication count must be completed by two staff on duty.

PURPOSE

To promote safety by limiting the opportunity for unauthorized use or loss of medication.

DEFINITIONS

See JRG, JJ Residential Glossary.

RESPONSIBLE STAFF

Medical staff including nurses, medical and pharmacy technicians and direct care staff involved in medication security and storage.

PROCEDURE

Each facility must develop and implement written standard operating procedures for medication security and storage. Procedures must contain the following requirements:

Medication Storage

All youth prescription medications must be stored in their original issue container until dispensed to the youth and:

- In a locked container and/or area accessible only to designated staff.
- If required to be kept cold, in a refrigerator designated for medications only that complies with the locked or authorized area requirements above.
- With oral or injectable medications physically separated from medications taken by other routes (for example, skin creams).

Packs worn by direct care staff while supervising youth may be used to provide ready access to selected youth medications where rapid response may be necessary; for example asthma inhalers and Epinephrine pens (Epi-pens).

Staff, contractors, volunteers, interns, and visitors must never provide their personal medications to any youth.

Prescription Labeling

Each container for medications must be labeled with at least:

- Name of the youth.
- Name of the person prescribing the medication.
- Name of the medication, dosage and directions for dispensing.
- Date filled.
- Name and address of pharmacy or supplier.
- Expiration date.
- Warning statements, if applicable.

GENERAL INVENTORY REQUIREMENTS

Facility procedures for medication inventories must include:

- An ongoing daily running inventory of medication utilization for all prescription and over-the-counter medication.
- Shift-to-shift inventory counts of controlled substances and counts at any other times when the person with custody of the controlled substance storage changes.
- Weekly inventory counts for all opened over-the-counter medications.
- Special inventories when tampering is detected or there is reason to believe that a theft has occurred.
- Reporting criteria and procedures for inventory discrepancies (such as when the count physically on hand does not match the record).
- Requirements for staff to make an immediate verbal report of any inventory discrepancy, sign of tampering, or theft. Staff must also complete an incident report and the facility must investigate the occurrence.
- Inventory documentation within a facility log or on a facility form approved for that purpose.

The ongoing daily running inventory process must be completed for inventories of over-the-counter and prescription medications. This process begins with a known total quantity of each medication and the number/amount of remaining tablets, pills or liquid is decreased each time a dose is given.

Inventory of Over-the-Counter and Non-controlled Prescription Medications

The dose-by-dose daily administration and documentation of medication must be conducted using the ongoing daily running inventory process for the daily distribution of over-the-counter and non-controlled prescription medications. Documentation of each individual dose of medication dispensed to the youth must be maintained on the medication administration record form. Facility or vendor-supplied forms may be used. Staff distributing the medication to the youth must initial the form.

The facility director must designate a staff or contracted medical staff to conduct a weekly inventory count of all open supplies of over-the-counter medications. The count must be reconciled with dispensing records and the previous count.

Inventory of Controlled Substances

When a controlled substance is dispensed to a youth as ordered through prescription, the number of pills, tablets or doses remaining after each dose must be documented on the youth's individualized Controlled Medication Inventory Record received from the supplier. The dose must also be documented on the medication administration record form.

Controlled substances must be counted and compared by two staff against on-hand records in each facility or living unit. Results of the count, including quantity of each controlled substance, names of staff involved, and date/time of the count must be documented on a facility form or log.

Medication Disposal

Disposal of any medication, over-the-counter, prescription medication, or controlled substance must be in accordance with the guidelines of the Michigan Department of Environmental Quality (DEQ) and the federal Food and Drug Administration (FDA); see the web site at http://www.michigan.gov/deq/0,4561,7-135-3585_57802_4173--,00.html and <http://fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseOfMedicine/SafeDisposalofMedicines/ucm186187.htm> for more information.

The facility must seek to return medication in original packaging to the vendor for credit when feasible.

The facility must make use of available local medication return programs when feasible.

Do **not** flush medications down the toilet unless the drug labeling contains specific instructions to do so.

Disposal of any medication, including over-the-counter medications must be jointly witnessed by any two designated persons from the following groups (including two persons from the same group):

- Youth residential director.
- Youth specialist supervisor.
- Youth specialist.
- Youth group leader.
- Social worker.
- Contract medical staff.

Disposal of over-the-counter and non-controlled prescription medications must be documented on a facility-approved form or log and include:

- Medication name, strength and number of doses destroyed.
- Date of disposal and disposal method.
- Vendor or program name and signature if turning in medication.
- Full printed names of staff involved.

The disposal of controlled substances must be documented in a letter or form on facility letterhead that includes:

- Prescription number(s).
- Name(s) of medication(s) and to who it was prescribed.
- Drug strength(s).
- Quantity.
- Date of disposal and disposal method.
- Full printed and signed names of staff involved.

The facility must maintain controlled substance disposal records per its record retention schedule and provide the controlled substance provider with a copy of the disposal document.

LEGAL BASIS

Controlled Substances Act, 21 USC 812

Child Caring Institutions Rules, R400.4160